

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: INNCARE OF EVANSVILLE (111048)

Address: 5 N WATER ST, EVANSVILLE, WI 53536

License Status: REGULAR

Licensed/Certified/Registered 07/31/1998

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0096104 **End Date:** 12/07/2005 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008311 Served 01/06/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(3)(b)1	TESTING BY SERVICE COMPANY		

Survey ID: 0093922 **End Date:** 12/30/2004 **Type:** STANDARD **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090884 **End Date:** 08/13/2003 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007845 Served 08/28/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(3)(a)3	WRITTEN REPORT OF RESIDENT'S ACCOUNT	12/22/2004	Yes
83.21(4)(w)	SAFE ENVIRONMENT	12/22/2004	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	12/22/2004	Yes

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Enforcement History

Date: 01/04/2006 SOD #10008311 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.43(3)(b)1

Date: 08/25/2003 SOD #10007845 Appealed: No

Sanctions

OTHER SANCTION
FORFEITURE---83.17(3)(a)3
FORFEITURE---83.32(3)

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Complaint History

Date Complaint Received: 10/11/2004

Date Investigation Completed: 12/30/2004

Subject Area(s)

SUPERVISION
ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

NOT RECORDED
NOT RECORDED
NOT RECORDED

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